


ACUTE FOOD INSECURITY | Expanding conflict, economic shocks and flooding drove very high levels of acute food insecurity.

PEAK 2024 (SEPTEMBER–OCTOBER)


 **14.4M** people or 25% of the total population faced high levels of acute food insecurity. Of them, **2.3M** were in Emergency (equivalent to IPC Phase 4).


 Of the total, **1.3M** or 40% of IDPs faced high levels of acute food insecurity.

This represents a marked deterioration since the same period in 2023, driven by the impact of intensified conflict and widespread floods. Acute food insecurity also increased in areas less affected by conflict.

Source: Pre-analysis conducted under the HNRP, as a basis for generating results for the 2025 projection used by the Myanmar HNRP 2025.

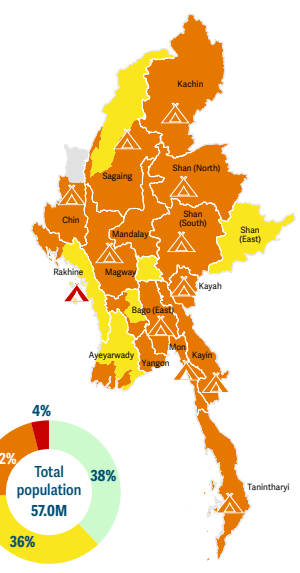
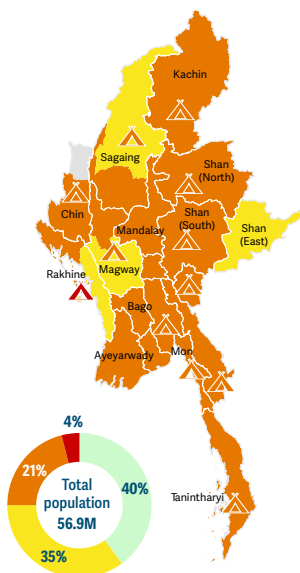
PROJECTION 2025 (JUNE–AUGUST)\*

 **15.2M** people or 27% of the total population are projected to face high levels of acute food insecurity during the lean season. Of them, **2.3M** were in Emergency (equivalent to IPC Phase 4).


 Of the total, **1.8M** or 43% of IDPs face high levels of acute food insecurity.


This projection, which accounts for the lean season, monsoon floods, conflict, displacement and reduced humanitarian access, pre-dates the March 2025 earthquake and does not account for a likely worsening as a result of the destruction.

\* The projection period differs from the period defined as peak in 2024.  
Source: Myanmar HNRP 2025.



DRIVERS OF THE FOOD CRISIS 2024–2025

 **Conflict/insecurity** Conflict further intensified across the country, with Chin, Kachin, Rakhine and Shan states most affected by the fighting (OCHA, December 2024). Hostilities were characterized by an escalation of systematic atrocities, including targeted attacks against civilians, and led to near collapse of critical public infrastructure (OHCHR, 2024; IIMM, September 2024; HNRO 2025, December 2024). Displacement continued to increase, with 870 000 people newly displaced in 2024, resulting in a total of 3.2 million people displaced since February 2021 (UNHCR, December 2024). Despite the announcement of a ceasefire to allow earthquake relief efforts, new attacks indicate that the conflict is likely to persist with dire humanitarian consequences (OHCHR, April 2025).

 **Economic shocks** Hostilities severely impacted access and availability of food. Insecurity and movement restrictions led to significant increases in prices of food, fuel and agricultural inputs, and market disruptions (HNRP, December

2024). Farmers were displaced away from production sites, reduced planting areas, and leading to asset losses. The average basic food basket price increased by 57 percent between August 2023 and August 2024, with the highest increase, 108 percent, in Rakhine (WFP, August 2024). Losses in the industrial livelihoods worsened the situation, limiting households' income.

 **Weather extremes** Severe flooding and landslides in August and September 2024 in the northwest, southeast and Rakhine state caused widespread destruction of crops, farmlands and livestock. For IDPs living in remote areas, floods were a major factor in limiting access to food (HNRP, December 2024; WFP, September 2024; OCHA, September 2024).

DISPLACEMENT

 **3.2M** IDPs

Source: UNHCR, October 2024.


NUTRITION CONCERN

ACUTE MALNUTRITION BURDEN (JANUARY–DECEMBER 2024)

 **0.4M** children aged 6–59 months

0.4M MAM      0.07M SAM

Source: Myanmar HNO 2024, December 2023.

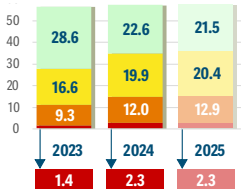
 In the absence of data for the nutrition situation in Myanmar in 2024, the country was classified as being of nutrition concern, as it had populations facing levels of acute food insecurity equivalent to Emergency (IPC Phase 4) (OCHA-HNRP, December 2024) and a 'very high' rating on the INFORM Severity Index (INFORM, October 2024).

Nutrition data were limited. Displacement in the most severely conflict-affected areas left many in informal camps with inadequate diets and poor care practices, driving humanitarian needs in nutrition (UN, December 2024). About 57 percent of women of reproductive age consumed a minimally diverse diet in Rakhine state in April–June 2024 (IFPRI, November 2024). Many people in camps were without access to safe water and sanitation facilities resulting in an increase in disease outbreaks. Acute watery diarrhoea and cholera outbreaks occurred in Rakhine, Yangon, Ayeyarwaddy, Mandalay and Mon (WHO, December 2024; OCHA-HNRP, June 2024).

Many people had minimal or no access to health services and limited humanitarian support, including ready-to-use therapeutic food. Furthermore, those living in non-Special Advisory Council-controlled areas did not have access to vaccines (WHO, December 2024).

Myanmar was one of the world's most underfunded HNRPs, with only 24 percent of the nutrition needs in the HNRP funded in 2024. This has led to IDPs and those suffering from severe acute malnutrition being prioritized for support (OCHA-HNRP, June 2024, December 2024).

Peak numbers of people (in millions) by phase of acute food insecurity, 2023–2025



Source: Myanmar HNRP.

**History of the food crisis** A lower-middle-income country, Myanmar has been included in seven out of nine editions of the GRFC. A change in methodology does not allow direct comparison of numbers from before 2023. Since the February 2021 military takeover, conflict has led to mass displacement and underpinned high food inflation and loss of agricultural and non-agricultural livelihoods as well as food production capacity.